



# Resolution Authorizing Participation in the TexPool Investment Pools and Designating Authorized Representatives

**WHEREAS,** \_\_\_\_\_ ("Participant") is a local government or state agency of the State of Texas and is empowered to delegate to the public funds investment pools the authority to invest funds and to act as custodian of investments purchased with local investment funds; and

**WHEREAS,** it is in the best interest of the Participant to invest local funds in investments that provide for the preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act; and

**WHEREAS,** the Texas Local Government Investment Pools ("TexPool/TexPool Prime"), public funds investment pools, were created on behalf of entities whose investment objectives in order of priority are preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act.

**NOW THEREFORE,** be it resolved as follows:

- A. That Participant shall enter into a Participation Agreement to establish an account in its name in TexPool/TexPool Prime, for the purpose of transmitting local funds for investment in TexPool/TexPool Prime.
- B. That the individuals, whose signatures appear in this Resolution, are authorized representatives of the Participant and are each hereby authorized to transmit funds for investment in TexPool/TexPool Prime and are each further authorized to withdraw funds from time to time, to issue letters of instruction, and to take all other actions deemed necessary or appropriate for the investment of local funds.

### Authorized Representatives of the Participant

These individuals will be issued P.I.N. numbers to transact business via telephone with a Participant Service Representative.

1.	<input type="text"/>	<input type="text"/>
	Signature	Telephone Number
	<input type="text"/>	<input type="text"/>
	Printed Name	Fax Number
	<input type="text"/>	<input type="text"/>
	Title	Email
2.	<input type="text"/>	<input type="text"/>
	Signature	Telephone Number
	<input type="text"/>	<input type="text"/>
	Printed Name	Fax Number
	<input type="text"/>	<input type="text"/>
	Title	Email
3.	<input type="text"/>	<input type="text"/>
	Signature	Telephone Number
	<input type="text"/>	<input type="text"/>
	Printed Name	Fax Number
	<input type="text"/>	<input type="text"/>
	Title	Email
4.	<input type="text"/>	<input type="text"/>
	Signature	Telephone Number
	<input type="text"/>	<input type="text"/>
	Printed Name	Fax Number
	<input type="text"/>	<input type="text"/>
	Title	Email

**Authorized Representatives of the Participant (continued)**

5.	<input type="text"/>	<input type="text"/>
	Signature	Telephone Number
	<input type="text"/>	<input type="text"/>
	Printed Name	Fax Number
	<input type="text"/>	<input type="text"/>
	Title	Email
6.	<input type="text"/>	<input type="text"/>
	Signature	Telephone Number
	<input type="text"/>	<input type="text"/>
	Printed Name	Fax Number
	<input type="text"/>	<input type="text"/>
	Title	Email

List the name of the Authorized Representative provided above that will have primary responsibility for performing transactions and receiving confirmations and monthly statements under the Participation Agreement.

Printed Name

In addition and at the option of the Participant, additional authorized representative(s) can be designated to perform inquiry only of selected information. This limited representative cannot make deposits or withdrawals. If the Participant desires to designate a representative with inquiry rights only, complete the following information.

1.	<input type="text"/>	<input type="text"/>		
	Printed Name	Title		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Telephone Number	Fax Number	Email	
2.	<input type="text"/>	<input type="text"/>		
	Printed Name	Title		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Telephone Number	Fax Number	Email	
3.	<input type="text"/>	<input type="text"/>		
	Printed Name	Title		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Telephone Number	Fax Number	Email	
4.	<input type="text"/>	<input type="text"/>		
	Printed Name	Title		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Telephone Number	Fax Number	Email	
5.	<input type="text"/>	<input type="text"/>		
	Printed Name	Title		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Telephone Number	Fax Number	Email	
6.	<input type="text"/>	<input type="text"/>		
	Printed Name	Title		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Telephone Number	Fax Number	Email	

**Authorized Representatives of the Participant (continued)**

C. That this resolution and its authorization shall continue in full force and effect until amended or revoked by the Participant, and until TexPool/TexPool Prime receives a copy of any such amendment or revocation.

This resolution is hereby introduced and adopted by the Participant at its regular/special meeting held on the

\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Document is to be signed by a Board Officer, Mayor or County Judge and attested by a Board Officer, City Secretary or County Clerk.**

\_\_\_\_\_

Name of Participant

**SIGNED:**

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Title

**ATTEST:**

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Title

**Delivery Instructions**

Please return this document to **TexPool Participant Services:**

**Email:** [texpool@dstsyste.ms.com](mailto:texpool@dstsyste.ms.com)

**Fax:** 866-839-3291